



**EGANVILLE & DISTRICT SPORTSMAN'S CLUB P.O.BOX 543 EGANVILLE, ONTARIO K0J 1T0**  
**[www.edsc.ca](http://www.edsc.ca) [edsc1978@gmail.com](mailto:edsc1978@gmail.com) Location 334 Gurlitz Road Douglas, ON K0J 1S0**

I understand that my membership in the Eganville & District Sportsman's Club will automatically make me a member of Canadian Coalition for Firearm Rights (CCFR)

\*\*\*\*\*Note that New member applications require a current EDSC member to sponsor the application \*\*\*\*\*  
Membership will take effect once Canadian Coalition for Firearm Rights confirms receipt of funds.

It is my responsibility to pay annual membership dues on time and to advise of change of e-mail or mailing address

I also understand it is my responsibility to follow the club rules and ensure my guests do so as well.

**PLEASE PRINT CLEARLY OR USE FILLABLE FORM ON WEB PAGE WWW.EDSC.CA**

LAST NAME \_\_\_\_\_

FIRST NAME \_\_\_\_\_

STREET ADDRESS \_\_\_\_\_

CITY \_\_\_\_\_ PROVINCE \_\_\_\_\_

POSTAL CODE \_\_\_\_\_ TELEPHONE (\_\_\_\_) \_\_\_\_\_

EMAIL \_\_\_\_\_

**\*\*IF you are currently a member of CCFR please provide number \_\_\_\_\_**

**Membership Fees *Check one:* Youth \$163.85(18 -21) ( ) Single \$226 ( ) Family \$248.60 ( ) Fee includes HST.**

**Membership cards will be Emailed to you. CCFR one-time physical card available for \$10.00per member.**

**Physical EDSC card free at meetings**

**\*\*\*\* Family members to fill in this section: \*\*\*\***

Spouse's Name \_\_\_\_\_ Email \_\_\_\_\_

Child's Name, Under 18 \_\_\_\_\_ D.O.B. D \_\_\_ M \_\_\_ Y \_\_\_\_\_

Child's Name, Under 18 \_\_\_\_\_ D.O.B. D \_\_\_ M \_\_\_ Y \_\_\_\_\_

Child's Name, Under 18 \_\_\_\_\_ D.O.B. D \_\_\_ M \_\_\_ Y \_\_\_\_\_

**\*With every hour of recorded work for the club, membership dues will be reduced by \$10.00 to a maximum of \$100.00**

**Check one** Renewal ( ) Sponsor not required or New Member ( ) Sponsor to sign

Sponsor's Current EDSC Member Number \_\_\_\_\_ Sponsor's Name \_\_\_\_\_

Sponsor's Signature \_\_\_\_\_

Applicants Signature \_\_\_\_\_ DATE D \_\_\_ M \_\_\_ Y \_\_\_\_\_

**E transfers are sent to [treasurer.edsc1978@gmail.com](mailto:treasurer.edsc1978@gmail.com) for auto deposit**